

# FREEDOM OF INFORMATION REQUESTS

## APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: \_\_\_\_\_

TO: Kirkwood Town Clerk  
70 Crescent Dr.  
Kirkwood, NY 13795

I hereby request \_\_\_\_\_ copy/copies of the following records:

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Explain Purpose: \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Agency Use

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Record requested cannot be found: \_\_\_\_\_

\_\_\_\_\_  
Public Records Access Officer

Date: \_\_\_\_\_

Charge: \_\_\_\_\_